

# **PART B - FEE(S) TRANSMITTAL**

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7590 02/09/2004

**Chiron Corporation  
Intellectual Property Dept.  
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Emeryville, CA 94608-2916**

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|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/188,051      | 11/06/1998  | BRET A. SHIRLEY      | 5784-25             | 3829             |

**TITLE OF INVENTION: COMPOSITIONS PROVIDING FOR INCREASED IGF-1 SOLUBILITY**

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$0             | \$1330           | 05/10/2004 |

| EXAMINER      | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| KAM, CHIH MIN | 1653     | 514-003000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

|   |       |
|---|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**CHIRON CORPORATION**

**EMERYVILLE, CALIFORNIA**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 5

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain an application. Co-estimated to take completed application. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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| \$1,330.00 | 05/10/2004 | CK |
| \$15.00    | 05/10/2004 | CK |

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